

ARIZONA DEPARTMENT OF WATER RESOURCES

OFFICE OF ASSURED WATER SUPPLY

500 NORTH THIRD STREET

PHOENIX, ARIZONA 85004

602 417-2465

602-417-2467

DATE RECEIVED:

APPLICATION NO:

APPLICATION FOR A MODIFICATION OF A DESIGNATION OF ASSURED WATER SUPPLY

NOTE: Where insufficient space exists on this form, please submit attachments and reference them on the form.

Refer to application guidelines for assistance in completing this form

PART A - GENERAL INFORMATION

1. Name of Water Provider: _____ AMA: _____
DWR No. 56- _____
2. Owner Name (If applicable): _____ Phone: _____
Address: _____
3. Consultant Name: _____ Phone: _____
Address: _____
4. Primary Contact: Name: _____ Phone: _____
Address: _____

PART B - WATER DEMAND INFORMATION

1. Please supply the information for the service area:

Current Demand (for the last calendar year) Year: _____ _____ Acre-feet
Committed Demand: _____ Acre-feet

Projected Persons Per Household - Single family housing units _____
Projected Persons Per Household - Multi-family housing units _____
2. If total current and committed demand exceeds 80 percent of the total supplies calculated in Part C - "Water Supply Information" below, provide a description of the assumptions used in calculating demand and reference as an attachment: _____
3. If the provider has **not** commenced serving water to customers, provide a general description of any proposed conservation programs, practices, rates, fees, ordinances, restrictions, conditions of new service, policies or devices to be utilized within the service area to meet the conservation requirements of the Management Plan:

4. a. Indicate projected population and demand in the following table:

Calendar Year	Projected Population	Residential Demand (AF/YR)	Non-Residential Demand (AF/YR)	Total Demand (AF/YR)	Lost and Unaccounted for Water (AF/YR)
1.					
2.					
3.					
4.					
5.					
10.					
15.					
20.					

- b. Describe assumptions used in this table and identify the source of the information: _____

5. Describe steps to be taken to limit distribution system losses to those prescribed by the Management Plan: _____

PART C - WATER SUPPLY INFORMATION

1. Will the provider be a member of the Central Arizona Groundwater Replenishment District upon issuance of a Designation of Assured Water Supply? __Yes __No
2. Provide evidence of the entity's financial capability to expand the delivery system (not including storage or treatment facilities) and reference as an attachment: _____
3. a. Generally describe any existing or planned treatment facilities or storage facilities (for surface water or effluent). If planned, indicate the anticipated completion date(s): _____
- b. For any existing or planned storage or treatment facilities noted in "a" above, provide a statement of capacity certified by a registered professional engineer, and reference as an attachment: _____
- c. If the applicant will not be a member of the Central Arizona Groundwater Replenishment District upon issuance of the Designation of Assured Water Supply, provide evidence that either: 1) the Arizona Corporation Commission has approved the financing of the planned storage or treatment facilities (for private water companies only); or 2) inclusion of planned storage or treatment facilities in a five year capital improvement plan (cities and towns only), and reference as an attachment: _____
4. If not already on file with the Department, provide a map of the service area which includes the current and proposed distribution system and any treatment or storage facilities, and reference attachment: _____

5. Please indicate sources to be used:

Source of Supply	100 Year Volume (acre feet)	Required Supporting Information (reference any attached documents)
Surface Water Directly Delivered (except CAP or Colorado River Water) <i>(also include water stored and recovered in the same year, but not long-term storage credits)</i>		Hydrologic study demonstrating physical availability of water to be diverted (attachment): _____ Surface water right number(s) and type(s) or water district name: _____ Will a demonstration of backup supplies or a drought response plan be submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reference attachment: _____
CAP or Colorado River Water Directly Delivered <i>(also include water stored and recovered in the same year, but not long-term storage credits)</i>		Will a demonstration of backup supplies or a drought response plan be submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reference attachment: _____
Effluent Directly Delivered <i>(also include water stored and recovered in the same year, but not long-term storage credits)</i>		Name of entity providing effluent: _____ Any related contracts or agreements (attachment): _____
Groundwater <i>(Do not include storage project credits)</i>		Indicate any grandfathered groundwater right or permit number(s) and type(s): _____ Hydrologic study demonstrating physical availability and quality of water to be withdrawn (attachment): _____
Existing Long-Term Storage Credits <i>(From all sources)</i>		Long-Term Storage Credit account number 70- _____ Hydrologic study demonstrating physical availability of water to be recovered from outside of the area of hydrologic impact (attachment): _____
Anticipated Long-Term Storage Credits <i>(From all sources)</i>		Water storage permit number: 73- _____ Existing facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Water storage permit number: 73- _____ Existing facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Hydrologic study demonstrating physical availability of water to be recovered from outside of the area of hydrologic impact (attachment): _____ Evidence of physical, legal and continuous availability of the water to be stored (attachment): _____

6. Indicate if the applicant at this time intends to claim an exemption for the withdrawal and use of:
- Poor quality water pursuant to a proposed remedial action: ☐ Yes ☐ No
- Water from an area exempt from conservation requirements due to waterlogging: ☐ Yes ☐ No
7. a. Are any existing or proposed service area wells within one mile of a Water Quality Assurance Revolving Fund or Superfund site or monitor wells associated with such sites? ☐ Yes ☐ No
- b. Do the proposed groundwater supply for this service area fail to meet safe drinking water quality standards?
☐ Yes ☐ No
- c. If the response to either "a" or "b" above is "Yes," provide a study identifying and describing this water and reference the attachment: _____
8. If the applicant will be receiving any water pursuant to an exchange agreement, provide a copy of the agreement and

reference the attachment: _____

9. If grandfathered rights have been extinguished for dedication to this subdivision, provide evidence and reference the attachment: _____
10. A comprehensive hydrologic study must be submitted with the application unless the Department has previously reviewed the hydrologic conditions for this area and has issued a valid Letter of Water Availability. Reference either the attached study or a copy of a previous determination of hydrologic conditions: _____

If the water provider is within the Phoenix Active Management Area and would like to have our Hydrology Unit review the groundwater physical availability in place of submitting an hydrologic study, please provide a 100 year groundwater pumping scenario. Please include projected well-by-well pumping, practical well capacity, well location, well ID number, and reference the attachment: _____

PART D - FEES

Please calculate fees by completing the appropriate items below, and include the total fees with your application. Payment may be made by cash, check, or in some cases, by entry in an existing Department fee credit account. Checks should be made payable to the Department of Water Resources. **Failure to enclose the required fees will cause the application to be returned.**

1. TOTAL FEE DUE \$500.00

I DO HEREBY certify that the information contained in this application and all information accompanying it is true and correct to the best of my knowledge and belief.

Owner or Authorized Signer Name
(Please type or print)

Signature

Date